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# REQUEST FOR PROPOSALS

## # 0612-225

- Project Title:*** Children's Mental Health Evidence-Based Practice Pilot Program (CMHEBPP)
- Estimated Contract Period:*** November 6, 2006 through June 30, 2007. Amendments extending the period of performance, if any, shall be at the sole discretion of DSHS and shall not exceed 2 two-year extensions.
- Proposal Due Date:*** All Proposals whether mailed or hand delivered must arrive by 3:00 p.m. Pacific Standard time on October 6, 2006. **Faxed bids WILL NOT be accepted. E-mailed bids WILL NOT be accepted.**
- Submit Proposal To:***
- Proposal Delivered by Mail:**  
Julia Weese, RFP Coordinator  
Department of Social and Health Services  
Administrative Services Division / Central Contract Services  
PO BOX 45811  
Olympia, WA 98504-5811
- Proposal delivered by Express / Hand Delivery, Or Courier:**  
Julia Weese, RFP Coordinator  
Department of Social and Health Services  
Administrative Services Division / Central Contract Services  
4500 10<sup>th</sup> Avenue SE  
Lacey, WA 98503

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# SECTION I. INTRODUCTION

## **A. PURPOSE OF REQUEST FOR PROPOSAL**

The Mental Health Division of the Department of Social and Health Services (DSHS) of Washington State seeks written responses to this Request for Proposals from Washington counties, groups of counties and/or Indian Nations who are qualified to support the development of an evidence-based practice (EBP) pilot program that will help communities to achieve outcomes for children, youth and their families who are experiencing mental health and/or co-occurring mental health and substance abuse.

A county, group of counties or Indian Nation may respond to this RFP as long as they have the ability to enter into a contractual agreement with one or more Qualified Lead Agencies (See Definition in Exhibit A) within the first Phase of the Pilot Program (See Section I.C.3). The Qualified Lead Agency will deliver the actual EBP services.

One or more counties or Indian Nations may form a partnership to respond to this RFP. In the case of a partnership response one entity shall be identified as the lead. (See Section II. P)

The EBP services shall be provided to citizens residing in Washington State.

For the purpose of this RFP, the term “entity” or “organization” refers to the “bidders” i.e. the responder(s) to this RFP.

To apply, you must submit a written response to this RFP and you must comply with all requirements of this solicitation. The terms “solicitation” and “solicitation document” are used in this document to refer to this Request for Proposals. (See Exhibit A “Definitions” for the meaning of various terms used in this document).

## **B. BACKGROUND**

The 2006 the Washington State Legislature allocated state dollars by budget proviso to the Mental Health Division for fiscal year 2007, to establish a pilot program that will support communities to plan, implement, and evaluate evidence-based mental health services to children. This proviso will establish a model for communities to use in developing and implementing strategies to prevent and respond to child and adolescent emotional and behavioral problems.

This RFP will support a vision of EBP implementation in which successful bidders will:

- Commit to work with community partners, including consumer/family representatives and representatives of the local mental health, substance abuse, juvenile justice and child welfare systems, and at the applicant’s discretion

representatives of other child-serving systems such as health care and education or those that may be implied by the nature of the EBP chosen;

- Develop a long-term, strategic, yet comprehensive county plan, based on input from community partners, state and local data, research, and measurable outcomes related to child/youth and family mental health issues identified in the needs assessment;
- Identify practices from a list of evidence-based service options (Exhibit D) developed by the department in consultation with a broadly representative group of individuals with expertise in children's mental health that will strengthen families and communities and increase youth resilience and competencies.
- Commit to participate in efforts that will ensure adherence to the chosen evidence-based practices;
- Evaluate success of implementation processes and outcomes relevant to identified success indicators; and
- Strengthen local capacity to provide services to families and children by enhancing partnerships among public, private, civic, and faith-based entities and state and community stakeholders.

The Successful Bidder will receive and participate in technical assistance and support from the University of Washington School of Medicine's Department of Psychiatry and Behavioral Sciences Division of Public Behavioral Health and Justice Policy (hereafter referred to as UW DPBHJP), throughout the pilot. This technical assistance will include, but not be limited to support in identifying a Qualified Lead Agency and conducting a community process that is consistent with the values, activities and goals described above.

## **C. PROJECT SCOPE**

### **1. Evidence based practice pilot program site(s)**

This RFP may result in one or more pilot program sites(s) that will be operated by one or more counties, groups of counties or Indian Nation(s) as funding allows.

In responding to this RFP, a county or counties and/or Indian Nations shall indicate their willingness to work collaboratively with DSHS to establish future sustainability of EBP services.

### **2. Implementation of Evidence-Based Practices for Children/Youth**

- a. Successful implementation of this pilot will demonstrate the capacity of local officials to convene and engage in a collaborative process with a broad set of stakeholders to make data-informed decisions about how to invest resources related to youth and family well-being, choose a

corresponding EBP and develop corresponding infrastructure to support the EBP.

- b. The successful bidder will receive technical assistance / consultation from UW DPBHJP to conduct a community needs assessment that will form the basis for selection of the evidence-based practice to be implemented.
- c. A Strategic Implementation Plan will be developed that describes the Lead Agency, staff training and professional development, EBP selection, implementation planning, expected onset of service delivery, and fidelity and outcomes monitoring. The Strategic Implementation Plan will also include how the EBP(s) will be sustained in the future and other critical issues.
- d. If the Community Team chooses a practice from Levels 4 or 5 or from the column "Studies with Ethnic, Cultural and Linguistic Minorities" on the EBP Matrix (Exhibit D) the as the most appropriate option to address the identified needs and population, they must present justification and documentation of evidence that supports the chosen practice for the population described. This justification will be part of the Strategic Implementation Plan (which will be submitted to the Mental Health Division for approval). In addition, the Strategic Implementation Plan will need to specify how evaluation of the impact of the chosen intervention option(s) will be conducted so as to document whether positive outcomes are, in fact, being achieved.
- e. DSHS is interested in learning more about promising and emerging practices Successful Bidders who choose from Levels 4 or 5 and/or Studies with Ethnic, Cultural and Linguistic Minorities will be asked to assist DSHS or MHD in efforts to move these practices to higher levels of evidence.

3. Support and Consultation from the UW DPBHJP for EBP Implementation

- a. The community process for EBP selection, implementation, and evaluation that is to be employed by the successful bidder is a core feature of this RFP. This model includes a strategic approach to building a community's capacity to prevent and respond effectively to children and/or youth's mental health, emotional, behavioral and family problems.
- b. The model underscores the importance of maintaining and utilizing data to:
  - (1) Define and respond to priorities,
  - (2) Identify service gaps and build on community assets, and
  - (3) Reinforce the use of best practices related to implementation decisions for new programs.

Core features of the model include:

- (1) The community planning team,
- (2) A community strategic plan informed by:
  - an examination of existing data and
  - a community needs assessment tailored to the population, and
  - An evaluation process that includes the monitoring of success indicators to assess the impact of the pilot on targeted outcomes.

c. Successful Bidder will receive technical assistance from the UW DPBHJP during the described phases of EBP implementation. This technical assistance and support is designed specifically to will assist the Successful Bidder and their contracted Lead Agency in the achievement of the following objectives:

(a) **Phase 1. Community Planning and EBP Selection (est. November through December 2006):**

- (1) Development of a community team and a strategic plan that derives from collaboration and completion of a community needs assessment.
- (2) Selection of an appropriate EBP based on the community needs assessment and community partnership process
- (3) Identification of and contracting with a Qualified Lead Agency
- (4) Stakeholder development, training and communication infrastructure.
- (5) Development of a draft implementation plan that at a minimum addresses: the proposed communication and stakeholder plan and major benchmarks of implementation as best can be predicted, i.e. start-up, training, and onset of service delivery.

(b) **Phase 2. EBP Implementation and Quality Assurance Process: (January through June, 2007): (Following activities may be impacted by the chosen EBP.)**

1. Phase 2 Implementation Plan and timeline
2. Communications Plan, including stakeholder involvement and social marketing
3. Implementation and quality assurance planning
4. Outcomes and evaluation planning
5. Working with the EBP purveyor
6. Constructing a local logic model
7. Building infrastructure to support the EBP and timely onset of service delivery (by April, 2007)
8. Managing the EBP in the context of individual treatment planning and the continuum of care (e.g. infrastructure, workflows, etc)
9. Quality management and improvement
10. Tracking outcomes and success indicators

11. Ongoing workforce development and stakeholder training

(c) **Phase 3. Outcomes and Process Evaluation: (April through June, 2007)**

- (1) Determining impact re targeted outcomes and success measures
- (2) Process evaluation
- (3) Sustainability planning

4. **EBP Purveyor**

- a. The Successful Bidder will communicate in writing to the MHD, no later than December 15, 2006 their choice of EBP(s) to be implemented.
- b. Upon notification of the selected EBP, DSHS/MHD will begin contract negotiations with the purveyor(s) of the selected EBP(s) that will result in contract execution no later than February 15, 2007. DSHS / MHD will be responsible for payment of all costs to the EBP purveyor relevant to the purchase of rights, training and implementation services provided as part of the EBP "package".

5. **EBP Services**

- a. Training and coordination for EBP implementation will begin immediately upon execution of the DSHS contract with the EBP purveyor.
- b. Clinical services to clients will begin by April, 2007. Any variance from this start date will have to be justified and approved by MHD.

**D. MINIMUM QUALIFICATIONS**

**THE SUCCESSFUL BIDDER MUST BE:**

- (1) A Washington State County or group of Washington State counties and/or their designated entities (E.g. Regional Support Network(s); OR
- (2) An Indian Nation; OR
- (3) A partnership including (but not limited to) one or more of the above entities
- (4) Able to subcontract and conduct oversight of a licensed community mental health agency, tribal behavioral health clinic; Federally Qualified Health Center or Rural Health Center where behavioral health services are provided
- (5) Able to ensure that the evidence based practice will be selected by

December 15, 2006 and that service delivery will commence by April 1, 2007

- (6) Willing to work and able to ensure that Lead Agency will coordinate as indicated with a variety of partners such as: regional/local offices of DSHS agencies (e.g. Children's Administration (CA/DCFS); Division of Alcohol and Substance Abuse (DASA); Medical Assistance, and as applicable, other stakeholders such as Education and primary care).
- (7) Willing to engage and support their lead agency in engaging as indicated with the University of Washington in technical assistance and support for the strategic community planning model related to selection, implementation, quality assurance and evaluation respective to the EBP and pilot program
- (8) Willing to work with the selected EBPs purveyor or consultant(s) as necessary to support their standardized training, implementation and fidelity management and able to ensure that their subcontracted Lead Agency will do the same.
- (9) Willing to support Washington Institute for Public Policy in their evaluation of the evidence-based practice pilot program.

## **E. FUNDING**

- (1) DSHS has budgeted an amount for the pilot program or programs up to but not to exceed a total of **\$235,000** for the period November 2006 through June, 2007.
- (2) This amount is intended to cover the Successful Bidder's (s) direct clinical, administrative and any and all indirect costs related to community planning, implementation, and quality assurance/evaluation and service delivery.
- (3) DSHS Mental Health Division will contract directly with the University of Washington Department of Psychiatry and Behavioral Sciences Division of Public Behavioral Health and Justice for provision of all proviso-based technical assistance and support.
- (4) DSHS Mental Health Division will contract directly with the purveyor or other entity that has oversight and training responsibility for the chosen EBP for the technical support/training they provide as part of their EBP "package".
- (5) The bidder may apply for the portion of this money that corresponds to their proposed program, and must demonstrate in their cost proposal (Section III. G.) how it will be applied to the pilot program during their contract period for state fiscal year 2006-2007. DSHS may reject any proposal in excess of that amount. Any contract awarded is contingent upon the availability of funding.

## **F. DEFINITIONS**

See Exhibit A, Definitions, for the meaning of certain terms used in this RFP.





## SECTION II. GENERAL INFORMATION

### A. PROCUREMENT CONTACT INFORMATION

Upon release of this RFP, all communications concerning this RFP must be directed only to the RFP Coordinator listed below. Any communication directed to DSHS staff, or its consultant, other than the RFP Coordinator may result in disqualification. Any oral communications will be considered unofficial and non-binding to DSHS. Bidders should rely only on written statements issued by the RFP Coordinator.

DSHS RFP Coordinator

Contact:	Julia Weese, RFP Coordinator Department of Social & Health Services Administrative Services Division / Central Contract Services
Mailing Address:	P.O. Box 45811 Olympia, Washington 98504-5811
Physical Address:	4500 10th Avenue SE Lacey, Washington 98503
Telephone:	(360) 664-6034
FAX:	(360) 664-6184
E-mail Address:	weesejm@dshs.wa.gov

### B. ACCEPTANCE OF RFP TERMS

A Proposal submitted in response to this RFP shall be considered a binding offer. Acknowledgement of this condition shall be indicated by signature of an officer of the Bidder legally authorized to execute contractual obligations by submitting with the Proposal a signed Bidder Information, Certificates and Assurances Form attached hereto as Exhibit B. A Bidder must clearly identify and thoroughly explain any variations between its Proposal and DSHS' RFP. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.

### C. PROCUREMENT SCHEDULE

The Procurement Schedule outlines the tentative schedule for important action dates and times. DSHS reserves the right to revise this schedule at any time and will post any amended schedules on the DSHS Procurement website.

Figure 1. **PROCUREMENT SCHEDULE**

Item	Action	Date
1.	Issue RFP	On or about August 22, 2006
2.	Submit Questions for RFP Bidders' Conference	August 23 – September 6
2.	Last Date for Accepting Bidder Written Questions by 12:00 PM Pacific Standard Time	September 11, 2006
3.	<p>Bidders' Conference</p> <p><b>To attend in person:</b> Please see Exhibit F, Visitor Directions to DSHS/Mental Health Division, Office Building 2 (OB2).</p> <p><b>To attend via conference call:</b> Conference Callers (please confirm by COB September 6 with Nanette Baker at: <a href="mailto:bakerna@dshs.wa.gov">bakerna@dshs.wa.gov</a>) so we will know if additional ports are needed) we must have names of who will be on the call and we will confirm attendance promptly when the conference starts.</p> <p>Sept 8th conf call from 9:30 to 12:30 10 ports plus the originator (11 ports all together)</p> <p>MHD as the Originator calls: (360) 709-4802</p> <p>All Others call: (360) 709-4803</p> <p>Everyone has the same Pin number: 527130# (don't forget the pound sign)</p>	September 8, 2006
3.	Issue Response to Written Questions No Later Than	September 14, 2006
4.	Proposal Submission Due by 5:00p.m. Pacific Standard time	October 6, 2006
5.	Proposal Evaluation	October 9, 2006 – October 13, 2006
6.	Oral Presentations, If Required	
7.	Notify Apparently Successful Bidder	October 16, 2006
8.	Notify Unsuccessful Bidders	October 16, 2006
9.	Begin Contract Negotiations	October 17, 2006

Item	Action	Date
10.	Bidder's Request for Debriefing Due by 5:00PM	October 17, 2006
11.	Hold Debriefing Conferences	October 19-20, 2006
12.	Bidders' Protest(s) Due 5:00 PM	October 23, 2006
13.	Contract Execution	Anticipated November 6, 2006

#### **D. CONTRACT**

DSHS may award one or more contracts depending on available funding and the proposals submitted to provide the services described in this RFP.

The Contract term for this pilot program shall be eight (8) months commencing on the date of execution of the contract by DSHS. DSHS may seek a Legislative Amendment to the budget to extend the pilot at the end of FY '07. Amendments extending the period of performance shall be at the sole discretion of DSHS and contingent on legislative budget approval.

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a Proposal.

#### **E. INSURANCE**

The Apparently Successful Bidder must either meet DSHS minimum requirements or be self insured.

#### **F. CONTRACT AMENDMENT**

Additional services that are appropriate to the scope of this RFP, as determined by DSHS, may be added to the resulting Contract by a written amendment mutually agreed to and executed by both parties.

#### **G. PROPRIETARY INFORMATION/PUBLIC DISCLOSURE**

Materials submitted in response to this RFP shall become the property of DSHS. All proposals, quotes, lists, evaluation documents and other documents that make up this Procurement shall remain confidential until 1) DSHS makes it available to the public pursuant to RCW 42.17, or 2) the contract, if any, resulting from this RFP is signed by DSHS and the Apparently Successful Bidder. Thereafter, the proposals shall be deemed public records as defined in RCW 42.17.

Bidder's proposal must include a statement on the Letter of Submittal identifying each page of your proposal which contains any proprietary information. Each page claimed to be proprietary must be clearly marked by

printing the word "Proprietary" on the lower right hand corner of each page which contains any proprietary information.

If DSHS receives a request to view or copy your proposal, DSHS will respond according to applicable law and DSHS policy governing public disclosure. DSHS will not disclose any information marked "Proprietary" in your proposal without giving you ten (10) days notice for you to seek a court injunction against the disclosure. You may not mark your entire proposal proprietary.

#### **H. WRITTEN REPRESENTATIONS**

Proposals should be based on the material contained in this RFP, any related amendment(s), and any questions and answers directed through the RFP Coordinator.

#### **I. QUESTIONS AND ANSWERS**

Bidders should fax, e-mail or mail written questions to the RFP Coordinator. Early submission of questions is encouraged. Questions will be accepted until the date set forth in the Procurement Schedule. Questions and Answers will be on the DSHS Procurement website.

#### **J. RFP AMENDMENTS**

DSHS reserves the right, at any time before execution of a contract, to amend all or a portion of this RFP. Amendments will be posted on the DSHS Procurements Web site, if applicable. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

#### **K. RETRACTION OF THIS RFP**

DSHS and the State of Washington are not obligated to contract for the services specified in this RFP. DSHS reserves the right to retract this RFP in whole, or in part, at any time without penalty.

#### **L. SUBMISSION OF PROPOSALS**

Proposals must be prepared and submitted no later than the proposal submission date and time specified in the Procurement Schedule. The proposal is to be sent to the RFP Coordinator, either by mail or hand delivery, at the address specified in Section II.A., Procurement Contact Information. DSHS will not accept any proposal submitted by fax. DSHS will/will not accept any proposal submitted by email.

You should allow sufficient time to ensure timely receipt by the RFP Coordinator. You assume the risk for the method of delivery and for any delay in the mailing or delivery of your proposal.

DSHS reserves the right to disqualify any proposal and withdraw it from consideration if it is received after the proposal submission due date and time.

All proposals and any accompanying documentation become the property of DSHS and will not be returned.

#### **M. NONRESPONSIVE PROPOSALS**

All proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. DSHS may reject or withdraw your proposal at any time as non-responsive for any of the following reasons:

- Incomplete proposal;
- Submission of alternative proposals;
- Failure to comply with any part of this RFP or any exhibit to this RFP;
- Submission of incorrect, misleading, or false information.

#### **N. MINOR IRREGULARITIES**

DSHS may waive minor administrative irregularities related to any proposal.

#### **O. COST TO PROPOSE**

DSHS will not be liable for any costs incurred by the Bidder in preparing, submitting or presenting a proposal for this RFP.

#### **P. JOINT PROPOSALS**

If you submitted a joint proposal, with one or more other bidders, you must designate the prime bidder. The prime bidder will be DSHS's sole point of contact, will sign the contract and any amendments, and will bear sole responsibility for performance under the contract.

#### **Q. EXHIBITS**

Exhibits to this RFP are:

- Exhibit A - Definitions
- Exhibit B - Bidder Information, Certifications and Assurances Form
- Exhibit C - Sample Contracts
- Exhibit D – EBP Matrix
- Exhibit E - EBP/Intervention Resource Information Guide
- Exhibit F – Visitor Directions to DSHS/Mental Health Division Office Building 2 (OB2)

You should be sure that you have downloaded a complete copy of this RFP and all attached exhibits, as listed above. The procurement documents can be accessed at <http://www1.dshs.wa.gov/msa/ccs/> . If you are unable to download the documents, you should contact the RFP Coordinator.

It is not a ground for protest if your copy of this RFP should be missing any exhibit or pages of the RFP.

**R. WITHDRAWAL OF PROPOSALS**

After a Proposal has been submitted, Bidders may withdraw a proposal at any time up to the proposal submission date and time specified in the Procurement Schedule. A written request signed by an authorized representative of the Bidder must be submitted to the RFP Coordinator. After withdrawing a previously submitted proposal, the Bidder may submit another proposal at any time up to the proposal submission date and time.

**S. NOTIFY APPARENTLY SUCCESSFUL BIDDER**

DSHS will notify the Apparently Successful Bidder on or about the date and time specified in the Procurement Schedule of the selection of the Apparently Successful Bidder by written notice via mail, e-mail and/or fax. DSHS will notify separately the Unsuccessful Bidders on or about the date and time specified in the Procurement Schedule of the non-selection of the Unsuccessful Bidder by written notice via mail, e-mail and/or fax.

## **T. BIDDER DEBRIEFING CONFERENCE**

If DSHS does not select your proposal, you may request a debriefing conference. You must submit your request in writing to the RFP Coordinator by mail or fax by the date specified in the Procurement Schedule, Section II.C., Figure 1.

Debriefing conferences will be held on October 16-19, 2006. The debriefing conference may be conducted either in person or by telephone and will be scheduled for a maximum of one hour.

Discussion at the debriefing conference will be limited to the following:

- Evaluation and scoring of your proposal;
- Critique of your proposal based on evaluators' comments; and
- Review of your final score in comparison with other Bidders' final scores without identifying the Bidders.

*Identification of the other Bidders, their proposals or evaluations will not be allowed.*

## **U. PROTEST**

Protests may be made only after DSHS has sent notification to the Apparently Successful Bidder and to the unsuccessful bidders. In order to submit a protest under this RFP, a Bidder must have submitted a Proposal for this RFP, and have requested and participated in a debriefing conference. It is the sole administrative remedy available within DSHS. The following is the process for filing a protest:

### **1. GROUNDS FOR PROTEST**

A protest may be made based on these grounds only:

- Arithmetic errors were made by DSHS in computing the score;
- DSHS failed to follow the procedures established in this RFP document, or to follow applicable State or federal laws or regulations; or
- Bias, discrimination, or conflict of interest on the part of an evaluator.

### **2. PROTEST FORM AND CONTENT**

A protest must state all of the facts and arguments upon which the protest is based, and the grounds for your protest. It must be in writing and signed by a person authorized to bind the Bidder to a contractual relationship. At a minimum, the protest must include:

- The name of the protesting Bidder, mailing address and phone number, and the name of the individual responsible for submission of the protest;



- The RFP number and name of the issuing agency;
- A detailed and complete statement of the specific action(s) by DSHS under protest;
- The grounds for the protest;
- Description of the relief or corrective action requested.

You may attach to your protest any documentation you offer to support your protest.

### 3. SUBMITTING A PROTEST

Your protest must be in writing and must be signed. You must mail or hand deliver your protest to the RFP Coordinator using the same mailing or delivery address provided in this RFP for submitting your proposal. *Protests may not be submitted by fax or email.* DSHS must receive the written protest within **five (5)** business days after the debriefing conference.

### 4. PROTEST PROCESS

The RFP Coordinator will forward your protest to the DSHS designated Protest Coordinator with copies of the following:

- this RFP and any amendments,
- your proposal,
- the evaluators' scoring sheets, and
- any other documents showing evaluation and scoring of your proposal.

DSHS will follow these procedures in reviewing your protest:

- DSHS will conduct an objective review of your protest, based on the contents of your written protest and the above materials provided by the RFP Coordinator.
- DSHS will send you a written decision within five (5) business days after DSHS receives your protest, unless more time is required to review the protest and make a determination. The protesting Bidder will be notified by the RFP Coordinator if additional time is necessary.

DSHS will make a final determination of your protest and will either:

- 1) Find that your protest lacks merit and uphold DSHS's actions;
- 2) Find that any errors in the RFP process or in DSHS's conduct did not influence the outcome of the RFP, and uphold DSHS's actions; or

- 3) Find merit in the protest and provide options for corrective action by DSHS which may include:
  - That DSHS correct any errors and re-evaluate all proposals affected by its determination of the protest;
  - That DSHS reissue the RFP document; or
  - That DSHS make other findings and take such other action as may be appropriate.

## **V. EXECUTION OF THE CONTRACT**

If you are the Apparently Successful Bidder, you will be expected to sign a contract with DSHS and any subsequent amendments that may be required to address specific work or services as needed. Sample contracts for counties and for Indian Nations are attached as Exhibit C.

DSHS reserves the right to negotiate the specific wording of the Statement of Work, based on the requirements of this RFP and the terms of your proposal.

If you fail or refuse to sign the contract or any subsequent amendment within ten (10) business days of delivery to you, DSHS may elect to cancel the award and may award the contract to the next-highest ranked finalist.

Contracts must be signed prior to, or on the contract start date. After the fact signatures will result in a new contract being issued with a later start date.

Any subcontracts necessary to perform the contract shall be subject to the prior written approval of DSHS.

*If at contract award or anytime thereafter any specifically named individual(s) identified in the Proposal to work on this engagement are not available, DSHS has the right to approve or reject any change in Contractor personnel.*

## SECTION III. PROPOSAL CONTENTS

### A. PROPOSAL CONTENTS

The four major sections of the proposal are to be submitted in the order noted below in Section III.C., Contents of Binders:

Proposals must provide information in the same order as presented in this document with the same headings. The questions in each of the four sections are described below. All questions must be answered and all items must be included as part of the proposal for the proposal to be considered responsive, even though certain items may not be scored.

### B. FORMAT OF PROPOSAL

- Proposals must be submitted single-sided on standard eight and one-half by eleven inch (8 ½" x 11") white paper.
- A font size not less than 12 point must be used.
- Proposals must be submitted in one three-ring binder as specified in Section III.C., with four tabs separating the major sections of the Proposal, and your name on the front cover and title page of each binder.
- Identify each copy of your proposal by including Proposal to RFP # 0612-225 ; the title of this RFP, Children's Mental Health Evidence-Based Practice Pilot Program and your name on the front cover.

### C. CONTENTS OF BINDERS

Submit one binder marked "Original" with Bidder's name and eight (7) copies, [optional: in addition, include one soft copy in Microsoft Word 2000 file format or Microsoft Excel 2000 file format if appropriate on a portable media or electronic readable media (Compact Disc (CD-ROM) or 3.5" diskette), with a label on the CD or diskette identifying your name and RFP#0612-225 of your proposal containing the following:

- Table of Contents
- Section 1: Administrative Requirements.
- Section 2: Technical Proposal
- Section 3: Management/Experience and Qualifications Proposal
- Section 4: Cost Proposal

## **D. ADMINISTRATIVE REQUIREMENTS (SECTION 1 OF PROPOSAL BINDER)**

Please respond to each item in the same order in which they appear.

### **1. Letter of Submittal**

Bidders must submit a prepared and signed submittal letter on Bidder's official business letterhead stationery. The submittal letter must be included as the first page of Section 1. Signing the submittal letter indicates that the Bidder accepts the terms and conditions of RFP# 0612-225.

The Bidder's Letter of Submittal must include the following:

- Name, address, principal place of business, telephone number, fax number, and e-mail address of legal entity or individual with whom contract would be written;
- The name of your contact person for this RFP;
- A detailed list of all materials and enclosures included in your Proposal;
- A list of all RFP amendments downloaded by the Bidder from the DSHS Procurements Web site, if applicable, and listed in order by amendment number and date. If there are no RFP amendments, include a statement to that effect;
- The Bidder's guarantee that its Proposal, as submitted, will remain in full force and effect for 180 days;
- A statement substantiating that the person who signs the letter is authorized to contractually bind the Bidder's firm;
- Identification of the page numbers on the Bidder's Proposal that are marked "Proprietary or Confidential" Information; and
- Any statements you wish to convey to the RFP Coordinator, including any variations between your proposal and the RFP.

### **2. Bidder Information, Certificates and Assurances Form**

- a. A completed Bidder Information, Certificates and Assurances Form Exhibit B.
- b. Supporting documentation of County and/or Indian Nations status
- c. Please sign and include any attachments that are necessary.

### **3. Reference Section**

Provide a list of at least three (3) references – entities with which you have collaborated to produce similar services and/or outcomes.

- a. Include the names, telephone numbers, dates of collaboration, and a brief description of any community services or pilots that were developed or initiated.
- b. References will only be contacted for finalist(s).

4. Letters of Support

Provide letters of support from at least 3, but no more than 5 potential Members of your Community Planning Team. Letters must include:

- a. Reasons you should be chosen as the Successful Bidder; and
- b. Their willingness to work collaboratively on this project.
- c. One of these letters of support must be from a family member of a child or youth receiving services and at least one from a community member who has participated in the design of children's services.

## **E. TECHNICAL PROPOSAL (SECTION 2 OF PROPOSAL BINDER)**

### **(70 POINTS) LIMIT: 20 PAGES**

Please respond to each question in the same order in which they appear.

#### **1. Executive Summary (0 Points)**

The Executive Summary must be no longer than two (2) pages and must address the bidder's:

- a) Overall interest in and preparedness to engage in community strategic planning around the implementation of an evidence-based practice for children/youth and their families
- b) The anticipated community response to a pilot program of this nature;
- c) How you will approach engagement and education of stakeholders; and
- d) How cultural competence will be supported in the context of an evidence-based practice that may or may not have been widely investigated among ethnic and cultural minorities and groups.

#### **2. Collaborative Planning (20 Points)**

Describe your community's (county's / RSN's / Indian Nation's) readiness to engage in collaborative planning. Your response will be evaluated based on:

- a) The partnerships and structures currently in place that would lay the groundwork for implementing and evaluating the effectiveness of an evidence-based practice pilot for children and youth;
- b) Examples of collaborative planning efforts undertaken and the challenges, core interventions and outcomes of these;
- c) Successful collaboration with cultural groups and other stakeholders;
- d) An example of how the creativity of community leaders has resulted in program sustainability for a project that was originally funded through state, federal, local or grant dollars.

#### **3. Inclusion of Youth, Parents, and Family Members (18 points)**

Describe your community's (county's / RSN's / Indian Nation's) history and readiness regarding inclusion of youth and parents in collaborative planning for programs related to children, youth and families. Your response will be evaluated based on:

- a. Current structures and organizations in your community that will support such collaboration
- b. History of such collaborations
- c. Plans for including youth and parents and/or other caregivers in the current pilot program planning and operations (e.g. quality assurance activities).

4. Evidence-based Programs and Practices (10 Points)

Describe your community's history and readiness regarding implementation of evidence-based practices and programs for children and youth. Your response will be evaluated based on:

- a) A description of the level of interest that currently exists in your community related to implementing evidence-based practices for the treatment of emotional and behavioral problems of children and youth and support to their families
- b) Efforts that have occurred to educate and prepare the community for the increasing emergence of evidence-based practices among treatment approaches to the emotional, behavioral and mental health , and substance abuse issues of children, youth and their families
- c) How your planning efforts have encouraged the implementation of new programs and practices that are evidence based
- d) Any incentives that have promoted the study and use of evidence based and promising practices among your contractors and/or constituents.

5. Continuum of programs and services (10 points)

Describe your community's current continuum of programs, services, and organizational capacity to implement evidence-based programs for treatment of mental health and or co-occurring mental health and substance abuse issues for children and youth. Your response will be evaluated on

- a) Description of overarching needs related to child/youth mental health, emotional and behavioral issues and family support and involvement.
- b) Description of current organizational capacity available in the community to address mental health needs of youth and their families, as well as barriers and gaps in service capacity
- c) Description of specific evidence-based and/or promising practices that your community has implemented, or considered implementing in response to the mental health needs of youth and service system gaps
- d) Key characteristics you will look for in a lead agency that will implement selected EBPs, including the process you will use to identify a lead agency for this pilot. Discussion of legal requirements in the process that you must conduct, or other barriers. A discussion of how quickly a subcontract will be able to be issued will be important.
- e) Procedures currently employed to monitor quality and provide oversight. How will the monitoring of fidelity be incorporated into existing quality assurance policy and procedures?
- f) Incentives you envision for a lead agency to participate in this pilot

6. Data Collection, Sharing and Analysis (7 points)

Describe your community's ability to collect and use data to monitor outcomes, support collaborative planning processes, and evaluate local programs. Your response will be evaluated on:

- a) A description of data currently collected related to children, youth and families indicative of the key problems, interventions and outcomes you are likely to address through this pilot
- b) Capacity to collect data, including data sources available to track outcomes for this pilot program and local resources to oversee data collection and analysis (Including all sources available through the prospective community partnership).
- c) Examples of successful efforts:
  1. overcoming challenges and barriers to obtaining data across cross-systems
  2. employing data in collaborative planning efforts related to children, youth and their families

7. Evaluation (5 points)

Describe your experience conducting evaluations of programs and practices. Your response will be evaluated based on:

- a) Outcomes for children/youth and their families
- b) Self-evaluation that has been encouraged or required
- c) Involvement of stakeholders in program evaluation and/or quality assurance.
- d) Satisfaction and/or process evaluation that has been conducted

**F. MANAGEMENT, EXPERIENCE AND QUALIFICATIONS PROPOSAL  
(SECTION 3 OF PROPOSAL BINDER) 10 POINTS LIMIT: 3 PAGES**

Please respond to each question in the same order in which they appear.

1. Based upon your experience with community collaboration related to support services for children, youth and their families, provide a list of the prospective (County and/or Indian Nations) Key Personnel you propose for this engagement, including the titles of staff, team roles (if applicable), and a current resume (no longer than 2 pages each, but outside of page limit for Section F) of each person proposed. Resumes must detail experience with the required skills listed in Section I. D., Minimum Qualifications, of this RFP.
2. Based upon your experience with delivering community support services to children, youth and their families,



- a. Identify prospective Qualified Lead Agency (ies). Include their licensure or operating authority, and whether or not you have a current contract.
- b. If you do not have a current contract provide assurance in a statement that you will be able to contract with a Qualified Lead Agency by January 15, 2007 that has the capacity to initiate EBP services no later than April, 2007.
- c. If you have a current contract with the agencies identified in a. describe how oversight and quality assurance is conducted.

**G. COST PROPOSAL (SECTION 4 OF PROPOSAL BINDER) 20 POINTS  
LIMIT: 2 PAGES**

With due consideration to the fact that an EBP has not been formally chosen at the time of this proposal and will be supported by the results of community needs assessment and strategic community planning – please provide a cost proposal based on the following format:

1. How many EBPs do you propose to implement?
2. Potentially, how many children/youth and their families do you propose to serve?
3. Where will these pilots be located?
4. Proposed Costs: (Provide a description for each of these categories.)
  - A. For Year One: Total: \$\_\_\_\_\_
    - i. Administrative Costs: \_\_\_\_\_%
    - ii. Planning Costs: \_\_\_\_\_%
    - iii. Training and education Costs: \_\_\_\_\_%
    - iv. Direct Service Costs \_\_\_\_\_%
    - v. Other: (Describe) \_\_\_\_\_%
  - B. For Year Two: Total: \$\_\_\_\_\_
    - i. Administrative Costs: \_\_\_\_\_%
    - ii. Direct Service Costs: \_\_\_\_\_%
    - iii. Training and education Costs : \_\_\_\_\_%
    - iv. Other (Describe) \_\_\_\_\_%
5. Describe any “in-kind” services and/or potential community funding you will pursue for support of this pilot.

6. Describe a prospective sustainability plan and/or potential future funding that you will pursue to support the EBP(s) that will be implemented as part of this pilot beyond the legislative funding?

## SECTION IV. EVALUATION

### A. EVALUATION PROCEDURE

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this Procurement and any amendments issued. The evaluation of proposals shall be accomplished by an evaluation team to be designated by DSHS who will be responsible for the review, evaluation and scoring of Bidder proposals. DSHS, at its sole discretion, will select finalists for an oral presentation. If oral presentations are held, evaluators will evaluate and score the oral presentations of bidders selected as finalists.

### B. PROPOSAL EVALUATION

Each Proposal will first be screened to determine if the Bidder has complied with appropriate Administrative Requirements and Submittal Instructions. Each Proposal must meet the Administrative Requirements to be eligible to submit a proposal to this RFP. If your proposal does not meet all Administrative Requirements for this RFP, DSHS may consider your proposal nonresponsive and withdraw it from consideration at any time. Evaluators will score all responsive proposals and award points up to the maximum points available for each question.

### C. SCORING OF PROPOSALS

The maximum number of evaluation points available is 100.  
The Administrative Requirements are evaluated on a pass/fail basis. The following weighting and points will be assigned to the proposal for evaluation purposes:

#### WRITTEN PROPOSAL

Technical Proposal – 70%	70 Points
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Experience and Qualifications- 10%	10Points
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Cost Proposal - 20%	20 Points
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<b>Sub-Total (for Written Proposal)</b>	<b>100 Points</b>
Oral Presentations if needed [finalist(s) only]	<b>P/F</b>
References [finalist(s) only]	<b>P/F</b>

<b>TOTAL</b>	<b>100 Points</b>
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Your sub-total score for the written proposal will be the average of the scores of the evaluators who review your written proposal. Your final Total Evaluation Score will be the average points awarded for your written proposal, your references if applicable, and your oral presentations if applicable.

#### **D. EVALUATION OF ORAL PRESENTATIONS**

DSHS may, after evaluating the written proposals, elect to schedule oral presentations of the finalists. The RFP Coordinator will notify finalists of the date, time, and location of the oral presentations.

DSHS will select evaluators for the oral presentations based on their qualifications, experience and background relevant to this RFP. These evaluators may include evaluators who reviewed the written proposals or DSHS staff who will work with the successful bidder(s). Evaluators will score the oral presentations in accordance with RFP requirements and evaluation criteria.

#### **E. FINAL DETERMINATION OF APPARENTLY SUCCESSFUL BIDDER(S)**

DSHS program staff and/or management may conduct a final review of the evaluation and scoring of finalist(s).

In this final review, DSHS may consider past or current performance of any DSHS contracts by a finalist(s), and any experience of the program or DSHS in working with a finalist(s) under any past or current contract with DSHS.

DSHS management shall make the final determination as to which bidder(s), initially designated as finalist(s), shall be officially selected and notified as the Apparently Successful Bidder(s) under this Procurement.

In doing so, DSHS management shall be guided, but not bound, by the scores awarded by the evaluators. Program staff and DSHS management shall determine which proposals reviewed during this final selection process will best meet the needs of DSHS and, specifically, the needs of the ***Health and Recovery Services Administration***.

Any bidder who would be an Apparently Successful Bidder based on the scores awarded by the evaluators, and who is not selected, shall be provided, upon request, with the reasons for selecting a bidder with a lower final score.

## **Exhibit A**

### **Definitions**

#### **DEFINITIONS**

The following terms which appear in this RFP have the meaning that is defined below for the purposes of this RFP:

- Apparently Successful Bidder - A bidder selected as having submitted a successful proposal, based on the final determination of DSHS management taking into consideration the bidder's final proposal score and which proposals best meet the needs of DSHS. The bidder is considered an "apparently" successful bidder until a contract is finalized and executed.
- Agency – The Department of Social and Health Services is the agency of the State of Washington that is supporting this contract
- Bidder - An individual, organization, public or private agency, or other entity submitting a proposal in response to this RFP.
- "Children's Evidence-Based Practice Pilot Program" or "Pilot Program" means the subject of the work of this Contract, which the Contractor will assist DSHS/MHD and the Successful Bidder in implementing
- "Community Partners" means those groups of individuals and community service and government representatives with whom the Successful Bidder will work to successfully implement the Pilot Program. Such partners include, but are not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and may also include representatives of other child-serving systems such as health care and education
- Contractor – Individual or Company whose proposal has been accepted by the Agency and is awarded a fully executed, written contract.
- "Evidence-Based Practice" or "EBP" means skills, techniques and strategies that can be used when a practitioner is interacting directly with a consumer. They are sometimes called core intervention components when used in a broader program context. In the context of this RFP, EBP is meant to mean a mental health service option (including practices, interventions, or programs) that is one of a list developed by DSHS in consultation with an expert panel.
- "Expert Panel" means a group of providers, researchers and parents that are broadly representative of individuals with expertise in children's mental health, and who are selected to provide consultation to DSHS/MHD in the development of a list of evidence-based service options for use in the Children's Evidence-Based Practice Pilot Program.
- "Fidelity" means correspondence between the program as implemented and the program as described (in the purveyor's manual).
- "Implementation" means the process of putting a defined practice or program into practical effect; to pursue to a conclusion.

- Issue - To mail, post or otherwise release this RFP as a public document to interested parties.
- Key Personnel - Staff being proposed to do the work under this proposal.
- "Lead Agency" means the provider with whom the Successful Bidder (s) who are awarded the Children's Evidence-Based Practice Pilot Program) contracts to provide EBP services (also see "Qualified Lead Agency")
- "MHD" means the Mental Health Division, part of the DSHS Health and Recovery Services Administration, and its authorized agents and employees.
- "MHD Program Administrator" means the DSHS Contact named on page one (1) of this Contract.
- "Pilot Site" means the geographic area (county or counties), that constitutes a "catchment area" wherein the eligible recipients of the EBP services reside
- Performance evaluation: Assessment of the accomplishment of a defined set of activities
- Process evaluation: An assessment of the effectiveness of structures and or processes that have be developed and implemented to support program/community development, communication and service delivery.
- Proposal - All material prepared and assembled by a bidder, and which the bidder submits in response to this RFP.
- Protest - An objection by the bidder, in writing, protesting the results of this RFP, and which complies with all requirements of this RFP.
- Purveyor – an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect.
- Qualified Lead Agency: a Lead Agency that is qualified to contract with the Successful Bidder to implement the chosen EBP. Qualified Lead Agencies are restricted to Community Mental Health Agencies (CMHA), or Tribal Behavioral Health Clinics, Federally Qualified Health Clinics (FQHC) or Rural Health Clinics (RHC)
- RCW - Revised Code of Washington. (All references to RCW chapters or sections shall include any successor, amended, or replacement statute.)
- "Readiness" descriptions or measures indicating the motivation and ability of the potential implementation site and the community to make the changes needed to accommodate the requirements of a new program (EBP).
- "RFP" means "Request for Proposal", and refers to the document that will be released by DSHS to competitively procure a contractor or contractors for the implementation of the Children's Evidence-Based Practice Pilot Program.
- RFP Coordinator - The person named in this RFP as the RFP Coordinator, or the RFP Coordinator's designee within Central Contract

Services. The sole point of contact within DSHS regarding this RFP for potential bidders and other interested parties.

- “RSN” means Regional Support Network. RSNs contract with the DSHS MHD to manage mental health services within a specified geographical region.
- Statement of Work - A statement of the work or services which the Contractor is to perform under any contract awarded, and which is generally in the form of an exhibit attached to the contract.
- Submit - To deliver to the DSHS RFP Coordinator any of several documents described in this RFP and in the manner specified in this RFP.
- “Successful Bidder” means the county or group of counties or tribe(s) responding to the MHD RFP who has (have) demonstrated the readiness to implement the Children’s Mental Health Evidence-Based Pilot Program that was mandated by the 2006-2007 FY budget proviso and submitted the winning Proposal for the RFP.
- WAC - Washington Administrative Code. (All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.)
- You - The person, agency, or organization requesting a copy of this RFP or submitting a proposal in response to this RFP.

**Exhibit B**  
**Bidder Information, Certifications and Assurances Form**

**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**CENTRAL CONTRACT SERVICES**

**BIDDER INFORMATION, CERTIFICATIONS AND ASSURANCES**  
**Request for Proposal (RFP) # \_\_\_\_\_**

Completion of this Bidder Information form is a mandatory requirement for contracting with the Washington Department of Social and Health Services (DSHS). The certifications and assurances contained herein are a required element of the Proposal. **Failure to submit this Bidder Information form or any applicable attachments with your proposal may result in your proposal being rejected as nonresponsive.**

**Please Type or Print Legibly:**

Bidder Name: \_\_\_\_\_

Bidder Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person for the Bidder's proposal: \_\_\_\_\_

**Section A: All Bidders**

1. Complete the applicable box:

a. The Bidder is an individual and is a:

☐ Sole Purveyor

**You must complete Sections A, B and F.**

b. The Bidder is a partnership and is a:

☐ General Partnership

☐ Limited Partnership

☐ Limited Liability Partnership

**You must complete Sections A, C and F.**

c. The Bidder is a corporation and is a:

☐ For Profit Corporation

☐ Non Profit Corporation



☐ Limited Liability Corporation

**You must complete Sections A, D and F.**

- d. ☐ The Bidder is a public agency, governmental entity, or federally recognized tribe

**You must complete Sections A, E and F.**

2. The Bidder's Federal Identification number is: \_\_\_\_\_
3. The Bidder's Washington Uniform Business Identifier (UBI) Number is: \_\_\_\_\_  
To obtain a Washington UBI Number call 360-664-1400.
4. Information concerning the proposed Contract Manager for the Bidder:  
Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Work Fax: \_\_\_\_\_
5. Has the Bidder had a contract or work order terminated for default during the last five years?  
☐ Yes ☐ No

If yes, attach a signed statement describing the contract, the circumstances surrounding the termination, and the name, address and telephone number of the other party to the contract. DSHS will evaluate the facts and may, at its sole discretion, reject the Bidder's proposal on the ground of its past performance. For the purpose of this question, "termination for default" means notice was given to the Bidder to stop contract work due to nonperformance or poor performance, and the performance issue was either (a) not contested by the Bidder or (b) litigated, finding the Bidder in default.

6. The Bidder declares that all answers and statements made in the Proposal are true and correct.
7. The Bidder certifies that the prices and/or cost data contained in the Bidder's proposal 1) have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition, and 2) have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before contract award, except to the extent that the Bidder has

joined with other individuals or organizations for the purpose of preparing and submitting a joint proposal or unless otherwise required by law.

8. The Bidder's proposal is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.
9. In preparing this Proposal, the Bidder and/or the Bidder's employees have not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this procurement and who was assisting in other than his or her official, public capacity.  
If there are any exceptions to these assurances or Bidder has been assisted, identify on a separate page attached to this document each such individual by (a) name, (b) current address and telephone number, (c) current or former position with DSHS, and (d) dates of employment with DSHS; and describe in detail the assistance rendered by that individual.
10. The Bidder acknowledges that DSHS will not reimburse the Bidder for any costs incurred in the preparation of this Proposal. All Proposals become the property of DSHS, and the Bidder claims no proprietary right to the ideas, writings, items or samples.
11. The Bidder acknowledges that any contract(s) awarded as a result of this procurement will incorporate a Statement of Work and General Terms and Conditions substantially similar to the sample contract attached to the procurement document. I certify, on behalf of the Bidder, that the Bidder will comply with these or substantially similar Special Terms and Conditions and General Terms and Conditions if selected as an Apparently Successful Bidder.
12. The Bidder acknowledges that any contract(s) awarded as a result of this procurement will also incorporate Special Terms and Conditions applicable to this procurement as prepared by DSHS. The Bidder acknowledges that it will negotiate in good faith any changes or modifications to any portion of the proposed contract.
13. The Bidder understands that, if selected to contract with DSHS, the Bidder will be required to comply with all applicable state and federal civil rights and other laws. Failure to so comply may result in contract termination. If requested by DSHS, the Bidder agrees to submit additional information about the nondiscrimination policies of the Bidder's organization in advance of or after the contract award.

14. The Bidder' certifies that is has a current Washington Business License, and agrees to promptly provide a copy of the license in the event the Bidder is selected as the Apparently Successful Bidder.
15. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit a proposal for the purpose of restricting competition.

### **Section B: Sole Purveyors Only**

1. I am authorized to sign any contract that may result from this procurement.
2. Is the Bidder or any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?  
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

### **Section C: Partnerships Only**

1. The Bidder is organized under the laws of, and is in good standing with, the State  
of \_\_\_\_\_.
2. Attach the following to this Bidder Information form:
  - Name and address of each of the Bidder's General Partners;
  - Name and address of each of the Bidder's Limited Partners; and/or
  - Name and address of each of the Bidder's Limited Liability Partners.
3. Is any General, Limited, or Limited Liability Partner a past or current State of Washington employee?  
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?  
☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

5. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

\_\_\_\_\_

\_\_\_\_\_

### **Section D: Corporations Only**

1. The Bidder is organized under the laws of, and is in good standing with, the State of \_\_\_\_\_.

2. Attach the following to this Bidder Information form: Name and address of each of the Bidder's Officers and Directors.

3. Is any Officer or Director of the Bidder a past or current State of Washington employee?

☐

Yes

☐

No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?

☐

Yes

☐

No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

5. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

\_\_\_\_\_

\_\_\_\_\_

### **Section E: Public Agencies Only**

1. The Bidder is a "public agency" as defined in Section 39.34.020 RCW and is a:

<input type="checkbox"/> State Agency	<input type="checkbox"/> Institution of Higher Learning
<input type="checkbox"/> County	<input type="checkbox"/> Quasi-Governmental
<input type="checkbox"/> City	<input type="checkbox"/> Federally Recognized Tribe
<input type="checkbox"/> Public School	<input type="checkbox"/> Other: _____

2. Is any Manager or Employee of the Bidder Public Agency a past or current State of Washington employee?

☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

3. Is any employee of the Bidder who will perform work under a contract between the Bidder and DSHS a past or current State of Washington employee?

☐ Yes ☐ No

If yes, list names, positions, and dates of employment with the State of Washington in an attachment to this form.

4. I am authorized to bind the Bidder to a contract, or the name and title of the individual who is authorized to bind the Bidder to a contract and who will be signing any contracts between DSHS and the Bidder is:

Name

Title

\_\_\_\_\_

\_\_\_\_\_

## Section F: All Bidders

1. By signing below, the Bidder authorizes DSHS to conduct a financial assessment and/or background check of the Bidder if DSHS considers such action necessary or advisable before contracting with the Bidder.
2. Under the penalties of perjury of the State of Washington, the undersigned affirms the truthfulness of the statements made herein. The undersigned certifies that the Contractor is now, and shall remain, in compliance with the certifications and assurances contained herein, and agrees that such compliance is a condition precedent to the award and continuation of any related contract(s). The undersigned acknowledges the Bidder's

obligation to notify DSHS of any changes in the statements, certifications and assurances made herein.

---

Signature

---

Date

---

Printed or Typed Name

---

Title

## Exhibit C Sample Contracts

	<h3 style="margin: 0;">INDIAN NATION PROGRAM AGREEMENT</h3>	DSHS Agreement Number
This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Indian Nation identified below, and is issued in conjunction with an Indian Nation and DSHS Agreement Regarding General Terms and Conditions, which is incorporated by reference.		Administration or Division Agreement Number  Indian Nation Agreement Number
DSHS ADMINISTRATION	DSHS DIVISION	DSHS INDEX NUMBER
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL
INDIAN NATION NAME		INDIAN NATION ADDRESS
INDIAN NATION FEDERAL EMPLOYER IDENTIFICATION NUMBER		INDIAN NATION CONTACT NAME
INDIAN NATION CONTACT TELEPHONE	INDIAN NATION CONTACT FAX	INDIAN NATION CONTACT E-MAIL
IS THE INDIAN NATION A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?		CFDA NUMBERS
PROGRAM AGREEMENT START DATE	PROGRAM AGREEMENT END DATE	MAXIMUM PROGRAM AGREEMENT AMOUNT
EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Indian Nation Program Agreement by reference: <input type="checkbox"/> Exhibits (specify):		
By their signatures below, the parties agree to the terms and conditions of this Indian Nation Program Agreement and all documents incorporated by reference. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement shall be deemed to exist or bind the parties. The parties signing below certify that they are authorized, as representatives of their respective governments, to sign this Program Agreement.		
INDIAN NATION SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

**SPECIAL TERMS AND CONDITIONS**

1. **Definitions.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:
- a. "Children's Evidence-Based Practice Pilot Program" (CEBPPP) or "Pilot Program" means the subject of the work of this Contract, which the Contractor will assist DSHS/MHD and the Successful Bidder in implementing
  - b. "Community Team" means a group made up of individuals and community service and government representatives that the Contractors convenes and with to successfully implement the Pilot Program. Such partners include, but are not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and may also include representatives of other child-serving systems such as health care and education
  - c. "CMHA" means a Community Mental Health Agency" i.e. an entity licensed by DSHS to provide outpatient mental health services in accordance with stated and federal regulations.
  - d. "Community Partners" means those individuals and community service and government representatives that make up the Community Team with whom the Contractor will work to successfully implement the Pilot Program. Such partners include, but are not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and may also include representatives of other child-serving systems such as health care and education
  - e. "Evidence-Based Practice" or "EBP" means skills, techniques and strategies that can be used when a practitioner is interacting directly with a consumer. They are sometimes called core intervention components when used in a broader program context. In the context of this RFP, EBP is meant to mean a mental health service option (including practices, interventions, or programs) that is one of a list developed by DSHS in consultation with an expert panel.
  - f. "Expert Panel" means a group of providers, researchers and parents that are broadly representative of individuals with expertise in children's mental health, and who are selected to provide consultation to DSHS/MHD in the development of a list of evidence-based service options for use in the Children's Evidence-Based Practice Pilot Program.
  - g. "Fidelity" means correspondence between the program as implemented and the program as described (in the purveyor's manual).
  - h. "Implementation" means the process of putting a defined practice or program into practical effect; to pursue to a conclusion.
  - i. "Joint partnership" means organizational entities that have formally partnered to provide and manage the MTFC program.



- j. "Lead Agency" means the provider with whom the Contractor sub-contracts to train in and implement the selected EBP service (s) (also see "Qualified Lead Agency")
  - k. "MHD" means the Mental Health Division, part of the DSHS Health and Recovery Services Administration, and its authorized agents and employees.
  - l. "MHD Program Administrator" means the DSHS Contact named on page one (1) of this Contract.
  - m. "Mental Health Professional" means, per WAC 388-865-0150, (1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters [71.05](#) and [71.34](#) RCW; (2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
  - n. "Performance evaluation" means an assessment of the accomplishment of a defined set of activities.
  - o. "Pilot Site" means the geographic area (county or counties), that constitutes a "catchment area" wherein the children, youth and families who are eligible to receive the EBP services reside.
  - p. "Process evaluation" means an assessment of the effectiveness of structures and or processes that have be developed and implemented to support program/community development, communication and service delivery.
  - q. "Purveyor" means an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect.
  - r. "Qualified Lead Agency" means a Lead Agency that is qualified to contract with the Contractor to implement the chosen EBP. Qualified Lead Agencies are restricted to Community Mental Health Agencies (CMHA), or Tribal Behavioral Health Clinics, Federally Qualified Health Clinics (FQHC) or Rural Health Clinics (RHC)
  - s. "Readiness Assessment" means an interview, checklist and remediation conducted by TFC Consultants and approved by MHD to determine the Contractor's ability to successfully implement or utilize the MTFC treatment model.
- 2. Purpose.** The purpose of this Contract is to establish and oversee a strategic community process the result of which is a planful implementation of an evidence-based practice to achieve mental health outcomes for children, youth and their families. This Contract supports the Children's Evidence Based Pilot Program established by the 2006 legislature by budget proviso. The work of this contract supports a vision of EBP implementation in which the Community Team

convened by the Contractor, and including but not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and as indicated representatives of other child-serving systems such as health care and education, shall:

- a. Commit to work with each other to develop a long-term, strategic, yet comprehensive county plan, based on an assessment of needs related to children, youth and their families' mental health issues, input from other community partners, state and local data, research, and focused on measurable outcomes.
- b. Identify one or more EBPs from a list of evidence-based service options (Exhibit D) developed by the department in consultation with a broadly representative group of individuals with expertise in children's mental health that will strengthen families and communities and increase youth resilience and competencies.
- c. Commit to participate in efforts that will ensure adherence to the chosen evidence-based practices.
- d. Evaluate success of implementation processes and outcomes relevant to identified success indicators.
- e. Strengthen local capacity to provide and sustain services to families and children by enhancing partnerships among public, private, civic, and faith-based entities and state and community stakeholders and identifying actual, potential funds to support EBPs and continue the community process of needs, program development and outcomes assessment.

### **3. Statement of Work**

- a. The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below and in the bidder's response to RFP # 0612-225 attached hereto and incorporated herein by this reference. The pilot will unfold in the first contract period in three phases, during which time the Contractor shall participate with the University of Washington School of Medicine's Department of Psychiatry and Behavioral Sciences Division of Public Behavioral Health and Justice Policy (hereafter referred to as UW DPBHJP in their provision of technical assistance and support to the Contractor in the achievement of the following objectives and deliverables:

(1) Phase 1. Community Planning and EBP Selection (est. November through December 2006):

- (a) Participation with the University of Washington in community planning activities as based on their adaptation of the Partnerships for Success Academy, these activities will include, but not be limited to:

- (b) Development of a community team consisting of, but not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and as indicated representatives of other child-serving systems such as health care and education;
  - (c) Conducting a "Community Kick-off Workshop and Completion of a community needs assessment targeted to children and youth mental health and co-occurring mental health and substance abuse
  - (d) Early involvement of community stakeholders including but not limited to: parents and youth, Indian Nations, minority and cultural groups.
  - (e) Selection of an evidence-based practice from categories 1, 2, or 3 of the EBP Matrix compiled by the DSHS Evidence Based Practice Expert Panel. If the community needs assessment and population to be served points to a level 4 or 5 or Studies with Ethnic, Cultural and Linguistic Minorities as most appropriate for the population chosen, the Contractor shall:
    - (i) Present justification and documentation of evidence that supports the chosen practice as directly related to the population to be served and outcomes to be achieved. This documentation will be included on the Contractor's Strategic Implementation Plan and must be approved by MHD.
    - (ii) Cooperate with DSHS/Mental Health Division in its efforts to raise practices to higher levels of evidence.
  - (f) Identification of (by December 15, 2006) and contracting with (no later than January 15, 2007) a Qualified Lead Agency to implement the children's mental health evidence based practice.
  - (g) Development of a Strategic Community Plan that describes the lead agency, staff training and professional development, EBP selection, identified stakeholder groups and planned activities, implementation planning, expected onset of service delivery, and fidelity and outcomes monitoring. The Strategic Implementation Plan will also include how the EBP(s) will be sustained in the future and other critical issues.
  - (h) Development of a draft implementation plan that at a minimum addresses: the proposed communication plan, planned stakeholder development and major benchmarks of implementation as best can be predicted, i.e. start-up, training, and onset of service delivery.
- (2) Phase 2. EBP Implementation and Quality Assurance Process: (January through March, 2007) (Following activities may be impacted by the chosen EBP.)
- (a) Updated Implementation Plan and timeline

- (b) Communications Plan
  - (c) Quality Assurance Plan supporting process and outcome indicators
  - (d) Outcomes and evaluation planning – setting up procedures and structures to track data and success indicators
  - (e) Ongoing technical assistance activities with the UW DPBHJP
  - (f) Interface, planning, cooperation with the EBP purveyor
  - (g) Construction of a logic model
  - (h) Proposed infrastructure to at a minimum:
    - (i) Support the EBP and timely onset of service
    - (ii) Support administrative and clinical reporting requirements
    - (iii) Workflows related to referral, case management and coordination,
    - (iv) Coordination with other treatment / community providers
    - (v) Collection of data related to outcomes
  - (i) Ongoing stakeholder involvement and communications – social marketing
  - (j) Quality improvement activities (oversight and fidelity management)
  - (k) Workforce development plan
- (3) Phase 3. Outcomes and Process Evaluation: (April through June, 2007)
- (a) Onset of services – April 1, 2007
  - (b) Satisfactory completion of service delivery reporting
  - (c) Program assessment regarding impact on targeted outcomes and success measures
  - (d) Process evaluation
  - (e) Support of WSIPP evaluation as requested by DSHS/MHD and WSIPP
  - (f) Sustainability planning
  - (g) Contract amendments as indicated for FY 2008

4. **Reports**

- a. The Contractor will be reimbursed according to receipt of reports documenting the deliverables outlined in the Statement of Work. Pay points and specific reporting requirements will be developed.
- b. Contractor will coordinate with DSHS/MHD to establish and comply with the appropriate IS interface that is developed according to the specific to the EBP selected and compatible with current RSN reporting.

5. **Qualifications**

- a. The Contractor will ensure shall at all times abide by the regulations set forth by their governing body and/or in statute regarding Community Mental Health Services RCW 71.24 Community Mental Health Services Act and RCW 71.34 Mental Health Services for Minors and related Washington Administrative Code (WAC 388.865.0400) related to quality of care. The Contractor shall adhere to the principles and values of the publicly funded mental health system. (Exhibit \_\_\_\_)
- b. The Contractor shall contract with a Qualified Lead Agency that has a valid DSHS (MHD) license as a Community Support Provider under WAC 388-865-0400 with licensure to provide counseling and psychotherapy, case management and psychiatric medical and medication management services; or a contract with Indian Health Services (IHS), a Federally Qualified Health Center or Rural Health Center to provide the mental health services entailed in the chosen evidence based practice.
- c. One or more community entities may partner to provide this statement of work. One party must be designated as the Contractor for the purposes of the Children's Evidence Based Practice Pilot Program contract. The Contractor assures that the agreement between parties includes processes that will ensure program and administrative continuity. The designated Contractor takes full responsibility for contract compliance and adherence to program model requirements. **A memorandum of understanding or a copy of the contract between the parties shall be attached as an exhibit to this contract.**
- d. The Contractor will ensure that their subcontractor(s), the Qualified Lead Agency shall at all times abide by the regulations set forth in the previous paragraph.
- e. In the event the Contractor's Community Mental Health license or any other operating licensure or authorization expires or is suspended or terminated, this Contract shall also be considered as having expired, or as having been suspended or terminated simultaneously, without the necessity of any notification to the Contractor of such expiration suspension or termination.

**6. Consideration.**

- a. Total consideration payable to Contractor for satisfactory performance of the work under this Contract is up to a maximum of \$\_\_\_\_\_, including approved expenses, and shall be based on the deliverables in the Statement of Work
- b. (Pay points to be determined)
- c. Funding will be 100% state under proviso #\_\_\_\_\_.

**7. Billing and Payment.**

- a. Invoice System. The Contractor shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. Consideration for services rendered shall be payable upon receipt of properly completed invoices which shall be submitted to the Program Administrator by the Contractor not more often than monthly. The invoices shall describe and document to DSHS'/MHD's satisfaction a description of the work performed, activities accomplished the progress of the project, and fees. The Contractor shall attach the relevant documentation as outlined in the reporting section of this contract.
- b. Client Services. The Contractor shall submit invoices appropriate to client services when billing for direct EBP service. (When an EBP is selected by the Contractor, a specific reimbursement mechanism will be determined and will constitute an amendment to this contract.
- c. Payment. Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by the DMIO Program Administrator of the properly completed invoices. Payment shall be sent to the address designated by the Contractor on page one (1) of this Contract. DSHS may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Contract.

**8. Background Checks**

The Contractor shall ensure a criminal history background check pursuant to RCW 43.43.832, 43.43.834, RCW 43.20A.710 and WAC 388-06 has been completed through DSHS for all current employees, volunteers, and subcontractors, and that a criminal history background check shall be initiated for all prospective employees, volunteers and subcontractors who may have unsupervised access to Clients served under this contract. The Contractor shall assist in obtaining additional state or national criminal history, if requested by DSHS. The Contractor shall ensure that no employee, volunteer or subcontractor, including those provisionally hired pursuant to RCW 43.43.832(7), has unsupervised access to Clients served under this contract, until a full and satisfactory background check is completed and documentation, qualifying the individual for unsupervised access, is returned to the Contractor.

**9. Insurance Requirements**

DSHS certifies that it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable. The Contractor certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required in this Agreement. The Contractor shall pay for losses for which it is found liable.

**EXHIBIT C**

 <p>Washington State DEPARTMENT OF SOCIAL &amp; HEALTH SERVICES</p>	<b>COUNTY</b>  <b>PROGRAM AGREEMENT</b>		DSHS Agreement Number
This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.			Administration or Division Agreement Number  County Agreement Number
DSHS ADMINISTRATION	DSHS DIVISION	DSHS INDEX NUMBER	DSHS CONTRACT CODE
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL	
COUNTY NAME		COUNTY ADDRESS	
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME	
COUNTY CONTACT TELEPHONE	COUNTY CONTACT FAX	COUNTY CONTACT E-MAIL	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?			CFDA NUMBERS
PROGRAM AGREEMENT START DATE	PROGRAM AGREEMENT END DATE	MAXIMUM PROGRAM AGREEMENT AMOUNT	
EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference: <input type="checkbox"/> Exhibits (specify):			
By their signatures below, the parties agree to the terms and conditions of this County Program Agreement and all documents incorporated by reference. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement shall be deemed to exist or bind the parties. The parties signing below certify that they are authorized to sign this Program Agreement.			
COUNTY SIGNATURE(S)		PRINTED NAME(S) AND TITLE(S)	DATE(S) SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED



**SPECIAL TERMS AND CONDITIONS**

1. **Definitions.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:
- a. "Children's Evidence-Based Practice Pilot Program" (CEBPPP) or "Pilot Program" means the subject of the work of this Contract, which the Contractor will assist DSHS/MHD and the Successful Bidder in implementing
  - b. "Community Team" means a group made up of individuals and community service and government representatives that the Contractors convenes and with to successfully implement the Pilot Program. Such partners include, but are not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and may also include representatives of other child-serving systems such as health care and education
  - c. "CMHA" means a Community Mental Health Agency" i.e. an entity licensed by DSHS to provide outpatient mental health services in accordance with stated and federal regulations.
  - d. "Community Partners" means those individuals and community service and government representatives that make up the Community Team with whom the Contractor will work to successfully implement the Pilot Program. Such partners include, but are not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and may also include representatives of other child-serving systems such as health care and education
  - e. "Evidence-Based Practice" or "EBP" means skills, techniques and strategies that can be used when a practitioner is interacting directly with a consumer. They are sometimes called core intervention components when used in a broader program context. In the context of this RFP, EBP is meant to mean a mental health service option (including practices, interventions, or programs) that is one of a list developed by DSHS in consultation with an expert panel.
  - f. "Expert Panel" means a group of providers, researchers and parents that are broadly representative of individuals with expertise in children's mental health, and who are selected to provide consultation to DSHS/MHD in the development of a list of evidence-based service options for use in the Children's Evidence-Based Practice Pilot Program.
  - g. "Fidelity" means correspondence between the program as implemented and the program as described (in the purveyor's manual).
  - h. "Implementation" means the process of putting a defined practice or program into practical effect; to pursue to a conclusion.

- i. "Joint partnership" means organizational entities that have formally partnered to provide and manage the MTFC program.
  - j. "Lead Agency" means the provider with whom the Contractor sub-contracts to train in and implement the selected EBP service (s) (also see "Qualified Lead Agency")
  - k. "MHD" means the Mental Health Division, part of the DSHS Health and Recovery Services Administration, and its authorized agents and employees.
  - l. "MHD Program Administrator" means the DSHS Contact named on page one (1) of this Contract.
  - m. "Mental Health Professional" means, per WAC 388-865-0150, (1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters [71.05](#) and [71.34](#) RCW; (2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
  - n. "Performance evaluation" means an assessment of the accomplishment of a defined set of activities.
  - o. "Pilot Site" means the geographic area (county or counties), that constitutes a "catchment area" wherein the children, youth and families who are eligible to receive the EBP services reside.
  - p. "Process evaluation" means an assessment of the effectiveness of structures and or processes that have be developed and implemented to support program/community development, communication and service delivery.
  - q. "Purveyor" means an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect.
  - r. "Qualified Lead Agency" means a Lead Agency that is qualified to contract with the Contractor to implement the chosen EBP. Qualified Lead Agencies are restricted to Community Mental Health Agencies (CMHA), or Tribal Behavioral Health Clinics, Federally Qualified Health Clinics (FQHC) or Rural Health Clinics (RHC)
  - s. "Readiness Assessment" means an interview, checklist and remediation conducted by TFC Consultants and approved by MHD to determine the Contractor's ability to successfully implement or utilize the MTFC treatment model.
- 2. Purpose.** The purpose of this Contract is to establish and oversee a strategic community process the result of which is a planful implementation of an evidence-based practice to achieve mental health outcomes for children, youth

and their families. This Contract supports the Children's Evidence Based Pilot Program established by the 2006 legislature by budget proviso. The work of this contract supports a vision of EBP implementation in which the Community Team convened by the Contractor, and including but not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and as indicated representatives of other child-serving systems such as health care and education, shall:

- a. Commit to work with each other to develop a long-term, strategic, yet comprehensive county plan, based on an assessment of needs related to children, youth and their families' mental health issues, input from other community partners, state and local data, research, and focused on measurable outcomes.
- b. Identify one or more EBPs from a list of evidence-based service options (Exhibit D) developed by the department in consultation with a broadly representative group of individuals with expertise in children's mental health that will strengthen families and communities and increase youth resilience and competencies.
- c. Commit to participate in efforts that will ensure adherence to the chosen evidence-based practices.
- d. Evaluate success of implementation processes and outcomes relevant to identified success indicators.
- e. Strengthen local capacity to provide and sustain services to families and children by enhancing partnerships among public, private, civic, and faith-based entities and state and community stakeholders and identifying actual, potential funds to support EBPs and continue the community process of needs, program development and outcomes assessment.

### **3. Statement of Work**

- a. The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below and in the bidder's response to RFP # 0612-225 attached hereto and incorporated herein by this reference. The pilot will unfold in the first contract period in three phases, during which time the Contractor shall participate with the University of Washington School of Medicine's Department of Psychiatry and Behavioral Sciences Division of Public Behavioral Health and Justice Policy (hereafter referred to as UW DPBHJP in their provision of technical assistance and support to the Contractor in the achievement of the following objectives and deliverables:

- (1) Phase 1. Community Planning and EBP Selection (est. November through December 2006):

## EXHIBIT C

- (a) Participation with the University of Washington in community planning activities as based on their adaptation of the Partnerships for Success Academy, these activities will include, but not be limited to:
- (b) Development of a community team consisting of, but not limited to: consumer / family / tribal, and minority community representatives, and representatives of the local mental health, juvenile justice, and child welfare systems, and as indicated representatives of other child-serving systems such as health care and education;
- (c) Conducting a "Community Kick-off Workshop and Completion of a community needs assessment targeted to children and youth mental health and co-occurring mental health and substance abuse
- (d) Early involvement of community stakeholders including but not limited to: parents and youth, Indian Nations, minority and cultural groups.
- (e) Selection of an evidence-based practice from categories 1, 2, or 3 of the EBP Matrix compiled by the DSHS Evidence Based Practice Expert Panel. If the community needs assessment and population to be served points to a level 4 or 5 or Studies with Ethnic, Cultural and Linguistic Minorities as most appropriate for the population chosen, the Contractor shall:
  - (i) Present justification and documentation of evidence that supports the chosen practice as directly related to the population to be served and outcomes to be achieved. This documentation will be included on the Contractor's Strategic Implementation Plan and must be approved by MHD.
  - (ii) Cooperate with DSHS/Mental Health Division in its efforts to raise practices to higher levels of evidence.
- (f) Identification of (by December 15, 2006) and contracting with (no later than January 15, 2007) a Qualified Lead Agency to implement the children's mental health evidence based practice.
- (g) Development of a Strategic Community Plan that describes the lead agency, staff training and professional development, EBP selection, identified stakeholder groups and planned activities, implementation planning, expected onset of service delivery, and fidelity and outcomes monitoring. The Strategic Implementation Plan will also include how the EBP(s) will be sustained in the future and other critical issues.
- (h) Development of a draft implementation plan that at a minimum addresses: the proposed communication plan, planned stakeholder development and major benchmarks of implementation as best can be predicted, i.e. start-up, training, and onset of service delivery.

(2) Phase 2. EBP Implementation and Quality Assurance Process: (January through March, 2007) (Following activities may be impacted by the chosen EBP.)

- (a) Updated Implementation Plan and timeline
- (b) Communications Plan
- (c) Quality Assurance Plan supporting process and outcome indicators
- (d) Outcomes and evaluation planning – setting up procedures and structures to track data and success indicators
- (e) Ongoing technical assistance activities with the UW DPBHJP
- (f) Interface, planning, cooperation with the EBP purveyor
- (g) Construction of a logic model
- (h) Proposed infrastructure to at a minimum:
  - (i) Support the EBP and timely onset of service
  - (ii) Support administrative and clinical reporting requirements
  - (iii) Workflows related to referral, case management and coordination,
  - (iv) Coordination with other treatment / community providers
  - (v) Collection of data related to outcomes
- (i) Ongoing stakeholder involvement and communications – social marketing
- (j) Quality improvement activities (oversight and fidelity management)
- (k) Workforce development plan

(3) Phase 3. Outcomes and Process Evaluation: (April through June, 2007)

- (a) Onset of services – April 1, 2007
- (b) Satisfactory completion of service delivery reporting
- (c) Program assessment regarding impact on targeted outcomes and success measures
- (d) Process evaluation
- (e) Support of WSIPP evaluation as requested by DSHS/MHD and WSIPP

(f) Sustainability planning

(g) Contract amendments as indicated for FY 2008

#### 4. Reports

- a. The Contractor will be reimbursed according to receipt of reports documenting the deliverables outlined in the Statement of Work. Pay points and specific reporting requirements will be developed.
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- b. The Contractor shall contract with a Qualified Lead Agency that has a valid DSHS (MHD) license as a Community Support Provider under WAC 388-865-0400 with licensure to provide counseling and psychotherapy, case management and psychiatric medical and medication management services; or a contract with Indian Health Services (IHS), a Federally Qualified Health Center or Rural Health Center to provide the mental health services entailed in the chosen evidence based practice
- c. One or more community entities may partner to provide this statement of work. One party must be designated as the Contractor for the purposes of the Children's Evidence Based Practice Pilot Program contract. The Contractor assures that the agreement between parties includes processes that will ensure program and administrative continuity. The designated Contractor takes full responsibility for contract compliance and adherence to program model requirements. **A memorandum of understanding or a copy of the contract between the parties shall be attached as an exhibit to this contract.**
- d. The Contractor will ensure that their subcontractor(s), the Qualified Lead Agency shall at all times abide by the regulations set forth in the previous paragraph.

- e. In the event the Contractor's Community Mental Health license or any other operating licensure or authorization expires or is suspended or terminated, this Contract shall also be considered as having expired, or as having been suspended or terminated simultaneously, without the necessity of any notification to the Contractor of such expiration suspension or termination.

**6. Consideration.**

- a. Total consideration payable to Contractor for satisfactory performance of the work under this Contract is up to a maximum of \$\_\_\_\_\_, including approved expenses, and shall be based on the deliverables in the Statement of Work
- b. (Pay points to be determined)
- c. Funding will be 100% state under proviso #\_\_\_\_\_.

**7. Billing and Payment.**

- a. Invoice System. The Contractor shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. Consideration for services rendered shall be payable upon receipt of properly completed invoices which shall be submitted to the Program Administrator by the Contractor not more often than monthly. The invoices shall describe and document to DSHS/MHD's satisfaction a description of the work performed, activities accomplished the progress of the project, and fees. The Contractor shall attach the relevant documentation as outlined in the reporting section of this contract.
- b. Client Services. The Contractor shall submit invoices appropriate to client services when billing for direct EBP service. (When an EBP is selected by the Contractor, a specific reimbursement mechanism will be determined and will constitute an amendment to this contract.
- c. Payment. Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by the DMIO Program Administrator of the properly completed invoices. Payment shall be sent to the address designated by the Contractor on page one (1) of this Contract. DSHS may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Contract.

**8. Background Checks**

The Contractor shall ensure a criminal history background check pursuant to RCW 43.43.832, 43.43.834, RCW 43.20A.710 and WAC 388-06 has been completed through DSHS for all current employees, volunteers, and subcontractors, and that a criminal history background check shall be initiated for all prospective employees, volunteers and subcontractors who may have unsupervised access to Clients served under this contract. The Contractor shall assist in obtaining additional state or national criminal history, if requested by

DSHS. The Contractor shall ensure that no employee, volunteer or subcontractor, including those provisionally hired pursuant to RCW 43.43.832(7), has unsupervised access to Clients served under this contract, until a full and satisfactory background check is completed and documentation, qualifying the individual for unsupervised access, is returned to the Contractor.

**9. Insurance Requirements**

DSHS certifies that it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable. The Contractor certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required in this Agreement. The Contractor shall pay for losses for which it is found liable.



**Exhibit D EVIDENCE BASED PRACTICE MATRIX  
DRAFT**

**EVIDENCE-BASED CHILD AND ADOLESCENT PSYCHOSOCIAL INTERVENTIONS**

<b>Problem Area</b>	<b>Level 1 – BEST SUPPORT</b>	<b>Level 2 – GOOD SUPPORT OR MODERATE SUPPORT</b>	<b>Level 3- Moderate Support for Other conditions/Populations</b>	<b>Level 4 – INNOVATIVE PRACTICES</b>	<b>Level 5– KNOWN RISKS</b>	<b>Studies With Ethnic, Cultural and Linguistic Minorities</b>
<b>Anxious or Avoidant Behaviors</b>	Manualized Cognitive Behavior Therapy for Anxiety Disorders (e.g. Coping CAT)					
<b>Attention and Hyperactive Disorders</b>	Multi-Modal Approaches using Medication +Cognitive Behavioral Therapy (CBT) + Parent Training + School Intervention					Multi-Modal approach- African American and Latino youth Medication (Concerta & Strattera)- African American Youth
<b>Autistic Spectrum Disorders</b>	Applied Behavior Analysis	Behavioral Intervention		Auditory Integration Training; Functional Communication Training; Pivotal Response Intervention		
<b>Bipolar Disorders</b>	Medication;	Child and Family focused Cognitive Behavioral Therapy (CBT)	Multi-Family Group Treatment (MFG)**	Child only Cognitive Behavioral Therapy (CBT)		
<b>Depressive or Withdrawn Behaviors</b>	Manualized Cognitive Behavior Therapy (CBT) for Depression; Interpersonal Therapy (Manualized IPT-A); Medication			Dialectical Behavior Therapy		
<b>Eating Disorders</b>		Family Therapy (anorexia only) Multi-Family Group Treatment (MFG)		Dialectic Behavior Therapy (DBT); Cognitive Behavioral Therapy (CBT); Interpersonal Therapy,	Some Group Therapies	

## Exhibit D EVIDENCE BASED PRACTICE MATRIX DRAFT

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
<b>Disruptive and Oppositional Behaviors</b>	Parent Behavior Management Interventions (e.g. Incredible Years, Barkley curriculum, Patterson curriculum, Positive Parenting Program); Parent Child Interaction Therapy (PCIT); Brief Strategic Family Therapy;	Anger Coping Therapy; Functional Family Therapy (FFT); Project SAFE Care; Parenting wisely; 1-2-3 magic; School Transitional Environmental Program (STEP); Nurturing parenting programs; Early Risers; Parents as Teachers	Multisystemic Therapy (MST); Anger Coping Therapy*; Multidimensional Treatment Foster Care (MTFC)*; Multi-Family Group Treatment (MFG)**	Cognitive Behavioral Therapy (CBT), Dialectic Behavior Therapy (DBT);	Group therapy without a skills focus	Brief Strategic Family Therapy- Hispanic/Latino Youth PCIT (GANA) – Mexican American Families, Incredible years- African American, Latino, Asian American children
<b>Self-harming Behaviors</b>		Dialectic Behavior Therapy (DBT)		Multisystemic Therapy (MST)		
<b>Assaultive/aggressive Behaviors</b>	Aggression Replacement Training (ART); Problem-solving skills training; Multidimensional Treatment Foster Care (MTFC); Multisystemic Therapy (MST); Functional Family Therapy (FFT)	Anger Coping Training		Peer Coping Skills Training; Preventive Treatment Program; Strengthening Families; Seattle Social Development Project; School Transitional Environmental Program (STEP); Linking the Interests of Families and Teachers (LIFT); I Can Problem Solve; FAST Track		Anger Coping Training- Asian youth CBT-Scandinavian youth
<b>Sexually aggressive Behaviors</b>		Multisystemic Therapy (MST); Cognitive Behavioral Therapy (CBT) for Children with Sexual Behavior Problems				
Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities

## Exhibit D EVIDENCE BASED PRACTICE MATRIX DRAFT

<b>Traumatic stress</b>	Trauma-focused Cognitive Behavioral Therapy (TFCBT); Eye Movement Desensitization & Reprocessing (EMDR)		Prolonged Exposure Therapy for Posttraumatic Stress**	Trauma-Focused Integrative Eclectic Therapy; Trauma-Focused Play Therapy; HTUG		HTUG- Native American Children and Youth
<b>Interpersonal Relationships</b>	Cognitive Behavioral Therapy (CBT); skills training			Dialectic Behavior Therapy (DBT); Functional Family Therapy (FFT)		
<b>Attachment Problems (0-5)</b>		Parent Child Interaction Therapy (PCIT); Behavioral Parent Training; Family Focused, Child Centered Treatment		Circle of Security	Coercive or Aversive therapies; Attachment Therapy	PCIT (GANA) – Mexican American Families
<b>Schizophrenia and other psychotic disorders</b>	Medication; Assertive Community Treatment (ACT) for Adolescence Behavioral Family Intervention		Multi-Family Group Treatment (MFG)**, Social Skills training*,		Psychosurgery, Insulin Shock Treatment	Assertive Community Treatment – Latino, Asian, African, Caribbean, Aboriginal adults
<b>Substance Use</b>	Brief Strategic Family Therapy, Multidimensional Family Therapy, Multisystemic Therapy (MST)***,	Voucher-Based Contingency Management; Purdue Brief Family Therapy; Motivational Enhancement Therapy; Multidimensional Treatment Foster Care (MTFC)***;	Dialectic Behavior Therapy (DBT)*, Cognitive Behavioral Therapy (CBT)**	Family Effectiveness Training, Peer Coping Skills Training; Life Skills Training; Guiding Good Choices; CASA Start	Unstructured Group Therapy	Brief Strategic Family Therapy- Hispanic/Latino Youth
<b>High Conflict Families</b>	Functional Family Therapy (FFT), Intensive Family Preservation Services (Homebuilders model)			Cognitive Behavioral Therapy (CBT), Parenting Wisely		

\* These practices show Level 1-Best Support for Juvenile Offenders

\*\* Based on findings with adults only;

\*\*\* These interventions are effective if substance abuse is part of a more complex diagnostic picture

## Exhibit D EVIDENCE BASED PRACTICE MATRIX DRAFT

### POPULATION BASED INTERVENTIONS

Population	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
<b>Juvenile Offenders</b>	Multisystemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC); Functional Family Therapy (FFT); Aggression Replacement Training (ART)	Dialectic Behavior Therapy (DBT), Family Integrated Therapy (FIT)		Cognitive Behavioral Therapy (CBT)	Group therapy without a skills focus	Multisystemic Therapy (MST)-African American, Hispanic youth
<b>At Risk for Out of Home or More Restrictive Placement</b>	Multidimensional Treatment Foster Care (MTFC). Parent Child Interaction Therapy (PCIT); Behavioral Parent Training, Intensive Family Preservation Services (Homebuilders model)	Family Focused, Child Centered Treatment (FTI)		Circle of Security		PCIT (GANA) – Mexican American Families
<b>Families at risk for child physical abuse</b>	Parent Child Interaction Therapy (PCIT); Behavioral Parent Training, Intensive Family Preservation Services (Homebuilders model)	Abuse Focused Cognitive Behavioral Therapy (CBT). Parent Child Interaction Therapy (PCIT)	Incredible Years	Circle of Security		PCIT (GANA) – Mexican American Families
<b>Families at risk for Neglect</b>	Intensive Family Preservation Services (Homebuilders model)					
<b>Early Childhood Intervention</b>	Nurse-Family Partnership Program-late pregnancy & Infancy; Parents as Partners; Headstart (ECAP)			Circle of Security; Intensive Family Preservation Services (Homebuilders model) Los Nino’s Bien Educados Parenting program		Los Nino’s Bien Educados Parenting program- Hispanic Families

## **Exhibit E**

### **EBP/Intervention Resource Information Guide**

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**Exhibit F**  
**Visitor Direction to DSHS/ Mental Health Division**  
**Office Building 2 (OB2)**